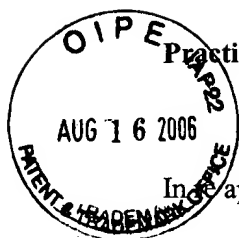


PATENT



Practitioner's Docket No. RVSI-013A

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In application of: Curtis W. Howes et al

Application No.: 09/804,811
Filed: March 13, 2001
For: Secure Tracking of Articles

Group No.: 2135
Examiner: Thuong, T. B.

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REQUEST FOR ORAL HEARING (37 C.F.R. § 41.47)

1. REQUEST FOR ORAL HEARING

Applicant hereby requests an oral hearing of the Appeal in this application.

2. TERM FOR REQUEST

The Examiner's answer or supplemental answer was mailed on June 13, 2006 and the term for filing the request is two months from that mailing date. 37 C.F.R. § 41.47(b).

3. STATUS OF APPLICANT

This application is on behalf of other than a small entity.

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*

*(When using Express Mail, the Express Mail label number is mandatory;
Express Mail certification is optional.)*

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

XXX deposited with the United States Postal Service in an envelope addressed to the Commissioner for Patents, Alexandria, Va 22313-1450
37 C.F.R. § 1.8(a)

37 C.F.R. § 1.10*

XXX with sufficient postage as first class mail.

08/17/2006 SHASSEN1 00000011 09804811

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Signature

Morris I. Pollack, Reg No 20,270

(type or print name of person certifying)

* Only the date of filing (' 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under ' 1.8 continues to be taken into account in determining timeliness. See ' 1.703(f). Consider "Express Mail Post Office to Addressee" (' 1.10) or facsimile transmission (' 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

4. FEE FOR REQUEST FOR ORAL HEARING

Pursuant to 37 C.F.R. § 1.17(d), the fee for the request for oral hearing is:

Other than a small entity	\$1,000.00
Fee due	\$1,000.00

5. TOTAL FEE DUE

The total fee due is:

Request for oral hearing fee	\$1,000.00
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6. FEE PAYMENT

Attached is a check in the amount of \$1,000.00.

Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.


A duplicate of this paper is attached.

7. FEE DEFICIENCY

If any additional oral hearing fee is required, charge Deposit Account No. 502966.

Date:

August 14, 2008


Morris I. Pollack

Registration No. 20,270

MORRIS I. POLLACK

19 Eberhardt Road

East Hanover, NJ 07936

973-386-1651

Customer No. 49013